

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Stephen J. Kramer

Serial No.: 10/728,526

Filed: December 5, 2003

For: METHOD AND APPARATUS FOR  
CONDITIONING A CHEMICAL-  
MECHANICAL POLISHING PAD

Confirmation No.: 8284

Examiner: S. McDonald

Group Art Unit: 3723

Attorney Docket No.: 2269-4371.1US  
(00-0118.01/US)

CERTIFICATE OF MAILING

I hereby certify that this correspondence along with any attachments referred to or identified as being attached or enclosed is being deposited with the United States Postal Service as First Class Mail on the date of deposit shown below with sufficient postage and in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

January 23, 2007  
Date

Signature

Erika Gandre  
Name (Type/Print)

REQUEST FOR REFUND

Mail Stop 16  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Enclosed are copies of Fee Transmittals mailed July 3, 2006 and August 4, 2006 calculating additional claim fees for claims in excess of twenty. Also enclosed are copies of canceled Check No. 9950 in the amount of \$1,600.00 and Check No. 9793 also in the amount of \$1,600.00.

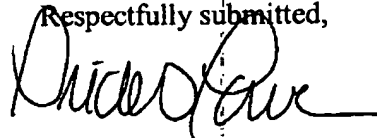
Applicant's attorney inadvertently paid fees twice corresponding to the same set of claims being increased from 23 claims to 55 claims.

BEST AVAILABLE COPY

Serial No. 10/728,526

Please refund this amount directly to Applicants' attorneys via their USPTO deposit account, TRASKBRITT, PC, Deposit Account No. 20-1469, and reference Attorney Docket No. 2269-4371.1US. A copy of this Transmittal Letter is enclosed for deposit account purposes.

Respectfully submitted,



Brick G. Power  
Registration No. 38,581  
Attorney for Applicant  
TRASKBRITT  
P.O. Box 2550  
Salt Lake City, Utah 84110-2550  
Telephone: 801-532-1922

Date: January 23, 2007

BGP/dlm:eg

Enclosures: Copy of Fee Transmittal mailed July 3, 2006  
Copy of returned check 9950 in the amount of \$1,600.00  
Copy of Fee Transmittal mailed August 4, 2006  
Copy of returned check 9793 in the amount of \$1,600.00

Document in ProLaw

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete If Known	
<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2006</h3>		Application Number	10/728,526
		Filing Date	12/5/2003
		First Named Inventor	Stephen J. Kramer
		Examiner Name	S. McDonald
		Art Unit	3723
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	2269-4371.1US (00-0118.01/US)
<b>TOTAL AMOUNT OF PAYMENT</b> (\$ ) 1600			

**METHOD OF PAYMENT** (check all that apply)

☐ Check 
 ☐ Credit Card 
 ☐ Money Order 
 ☐ None 
 ☐ Other (please identify) \_\_\_\_\_

☒ Deposit Account 
 Deposit Account Number: 20-1469 
 Deposit Account Name: TraskBritt, PC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below 
 ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) 
 ☒ Credit any overpayments

Under 37 CFR 1.16 and 1.17

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES**

Fee Description	Small Entity Fee (\$)	Fee Paid (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

**Total Claims** 55 - 23 or HP = 32 x 50 = **1600**

HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims** 3 - 3 or HP = 0 x 200 = **0**

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

\_\_\_\_\_ - 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	_____
Other (e.g., late filing surcharge):	_____

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	38,581
Name (Print/Type)	Brick G. Power	Telephone	801-532-1922
		Date	7/3/08

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.  
 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL for FY 2006

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ ) 1600.00

Complete If Known

Application Number	10728,528
Filing Date	12/5/2003
First Named Inventor	Stephen J. Kramer
Examiner Name	S. McDonald
Art Unit	3723
Attorney Docket No.	2269-4371.1US (00-0118.01/US)

## METHOD OF PAYMENT (check all that apply)

- ☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) \_\_\_\_\_
- ☒ Deposit Account Deposit Account Number: 20-1469 Deposit Account Name: TraskBritt, PC
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments
- Under 37 CFR 1.16 and 1.17

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## FEE CALCULATION

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

### 2. EXCESS CLAIM FEES

#### Fee Description

Each claim over 20 (including Reissues)  
 Each independent claim over 3 (including Reissues)  
 Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
55	-23 or HP= 31	x 50 =	1600.00

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
3	-3 or HP= 0	x 200 =	0.00

HP = highest number of independent claims paid for, if greater than 3.

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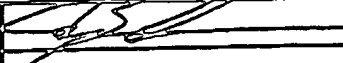
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	- 100 = _____	/ 50 = _____	(round up to a whole number) x	= _____

### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \_\_\_\_\_

## SUBMITTED BY

Signature	Registration No.	Telephone
	57,829	801-532-1922
Name (Print/Type)	Date	
Craig Buschmann	August 4, 2004	

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**TRASKBRITT, P.C.**  
 PATENT ATTORNEYS / CLIENT ADVANCE ACCOUNT  
 230 SOUTH 500 EAST, SUITE 300  
 P.O. BOX 2550  
 SALT LAKE CITY, UT 84102  
 PHONE: 801-532-1922

KEY BANK OF UTAH  
 SALT LAKE CITY, UT  
 31-73 / 1240

9950

DATE 08/04/2006

PAY EXACTLY **One Thousand Six Hundred AND 00/100 DOLLARS**

TO THE ORDER OF **Commissioner for Patents  
 Washington, D.C. 20231**

*James R. O'Connell*  
 AUTHORIZED SIGNATURE

\$ 1,600.00

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 2644738867

10312007304  
 WASHINGTON, D.C. 20231  
 7317060269

PATENT AND TRADEMARK OFFICE  
 08-06-2006  
 FD-36 (Rev. 11-79)  
 U.S. DEPARTMENT OF COMMERCE

Posted : 08/11/2006  
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 Account : 445010030416  
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 DIN : 76438867

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 P.O. BOX 2550  
 SALT LAKE CITY, UT 84102  
 PHONE: 801-532-1922

KEY BANK OF UTAH  
 SALT LAKE CITY, UT  
 31-73 / 1240

9793

DATE 07/03/2006

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 Washington, D.C. 20231**

*James R. [Signature]*  
 AUTHORIZED SIGNATURE

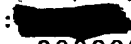




\$ 1,600.00

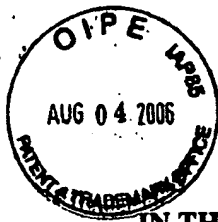
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PATENT AND TRADEMARK OFFICE  
 13-10-601  
 07-11-2006  
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 1015982579

Posted : 07/14/2006  
 Bank :   
 R/T : 0000000000  
 Account :   
 Check :   
 Amount :   
 DIN : 



**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**In re Application of:**

**Stephen J. Kramer**

**Serial No.: 10/728,526**

**Filed: December 5, 2003**

**For: METHOD AND APPARATUS FOR  
CONDITIONING A CHEMICAL-  
MECHANICAL POLISHING PAD**

**Confirmation No.: 8284**

**Examiner: S. McDonald**

**Group Art Unit: 3723**

**Attorney Docket No.: 2269-4371.1US**

**NOTICE OF EXPRESS MAILING**

Express Mail Mailing Label Number: EV827472694US

Date of Deposit with USPS: August 4, 2006

Person making Deposit: Brett Hooke

**AMENDMENT ACCOMPANYING REQUEST  
FOR CONTINUED EXAMINATION**

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

This Amendment follows the Advisory Actions mailed June 15, 2006, and August 3, 2006, as well as the final Office Action of April 4, 2006, the shortened statutory period for response to which expired on July 5, 2006. This Amendment is being submitted with an amendment for a one month extension of time and the appropriate fee.

A listing of the claims, in which proposed revisions to the claims are set forth, begins on page 3 of this paper; and

Remarks start at page 8 of this paper.

Repln. Ref: 02/23/2007 SDENB0B1 0008253100  
DAH:201469 Name/Number:10728526  
FC: 9204 \$1550.00 CR

08/08/2006 HGUTEMAI 00000015 10728526

03 FC:1202

1550.00 OP

Adjustment date: 02/23/2007 SDENB0B1  
08/08/2006 HGUTEMAI 00000015 10728526  
03 FC:1202 -1550.00 OP